



Incident Report

Print Date/Time: 11/14/2016 09:31

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00022409

Incident Date/Time: 11/10/2016 4:13:00 PM
Location: 9019 9TH PL SE
LAKE STEVENS WA 98258
Phone Number: (206) 519-9830
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D4	SS0142-Bassett
19R1	SS0144-Michael

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	NELSON, RYAN		(206) 519-9830			
1	Involved Party	AVELAR, CODY JESUS NATHAN	16616 155TH ST SE Monroe WA 982722650	(425) 971-7925	Unknown	Male	12/13/1995
2	Involved Party	NELSON, RYAN ERIC	12102 4TH AVE W Everett WA 982046408	(206) 519-9830		Male	07/18/1977

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
ATL/BOLO	Passenger Car	2005	Kia Motors Corp.	SORENTO		APA0649	WA
Involved Vehicle	Passenger Car	1994	Toyota	Celica	White	ATL5167	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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11/10/2016 : 16:22:29 SP0200 Narrative: ATL5167, APA0649

11/10/2016 : 16:15:55 SP0422 Narrative: GRY KIA SORENTO VS. WHI TOYOTA CELICA, LR 422

11/10/2016 : 16:15:04 SP0422 Narrative: CC, NON INJ, NON BLKING, OTHER INV PARTY DOES NOT HAVE INSURANCE


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E607327

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00022409
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	11	-	10	-	2016			1614	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
91ST AVE SE		BLOCK NO. <input checked="" type="checkbox"/> 900
		MILE POST

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	9TH PL SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE D: 4259717925
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LAST NAME	AVELAR	FIRST NAME	CODY	MIDDLE INITIAL	J
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STREET NEW ADDRESS	16616 155TH ST SE
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CITY	MONROE	ST	WA	ZIP	982722650
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	AVELACJ054RL	STATE	WA	SEX	M	D.O.B. MMDDYYYY	12	-	13	-	1995
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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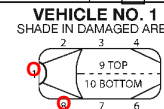
LICENSE PLATE #	ATL5167	STATE	WA	VIN#	JT2ST07N8R0010802
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1994	MAKE	TOYT	MODEL	CEL3D	STYLE	2H	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. CODY AVELAR 740 VILLAGE WAY MONROE WA 98272

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	6Z0924366
CHARGE		OP MOT VEH W/OUT INSURANCE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE D: 2065199830
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LAST NAME	NELSON	FIRST NAME	RYAN	MIDDLE INITIAL	E
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STREET NEW ADDRESS	12102 4TH AVE W APT 23-101
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CITY	EVERETT	ST	WA	ZIP	982046408
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CDL		RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	NELSORE238MQ	STATE	WA	SEX	M	D.O.B. MMDDYYYY	07	-	18	-	1977
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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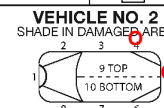
LICENSE PLATE #	APA0649	STATE	WA	VIN#	KNDJD733555471059
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2005	MAKE	KIA	MODEL	SORENT	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ROBIN NELSON 21122 ROYAL ANNE RD BOTHELL WA 98021

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4366907170
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	
CHARGE		



OFFICER'S NAME (PRINT)	A. MICHAEL #0144	BADGE OR ID #	0144	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E607327**CASE # **2016-00022409**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

V2 was driving southbound in the 900 block of 91st Ave SE. As it approached the intersection of 91st Ave and 9th PI SE the driver slowed the vehicle to a stop due to a child crossing the crosswalk.

V1 was in the lane behind V2 and apparently did not see V2 come to a stop. V1 struck the back right portion of V2.

Both drivers pulled onto 9th PI SE.

Driver of V1 issued NOI for operating a vehicle with no insurance.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Traffic Control: CROSSWALK-YIELD TO PEDESTRIAN

Motor Vehicle Unit 2

Traffic Control: CROSSWALK-YIELD TO PEDESTRIANS

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

A. MICHAEL #0144

11-10-16 06:53 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

11/12/2016 4:30:28 PM

BADGE OR ID #	0144	ORI #	WA0311900	TIME POLICE DISPATCHED	4:15 PM	TIME POLICE ARRIVED	4:22 PM
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REPORT NO. E607327

CASE # 2016-00022409

DATE AND TIME
OF COLLISION 11/10/16 16:14

